## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

**Application or Docket Number** 

10611809

| CLAIMS AS FILED - PART I             |  |   |                                      |                                    |                  |                  |        | SMALL ENTITY       |                        |      | OTHER THAN          |                        |
|--------------------------------------|--|---|--------------------------------------|------------------------------------|------------------|------------------|--------|--------------------|------------------------|------|---------------------|------------------------|
| -                                    | OTAL OLABAG  |   | (Column 1)                           |                                    | (Colu            | (Column 2)       |        | TYPE [             |                        | OR   | SMALL               | ENTITY                 |
| TOTAL CLAIMS                         |  |   | <u>/</u> 3                           |                                    |                  |                  |        | RATE               | FEE                    |      | RATE                | FEE                    |
| FOR                                  |  |   | NUMBER FILED                         |                                    | NUMBER EXTRA     |                  |        | BASIC FEE          | 395.00                 | OR   | BASIC FEE           | 790.00                 |
| TOTAL CHARGEABLE CLAIMS              |  |   | minus 20=                            |                                    | · 0              |                  |        | X\$ 9=             |                        | OR   | X\$18=              |                        |
| INDEPENDENT CLAIMS                   |  |   | 7 minus 3 =                          |                                    | * 4              |                  |        | X44=               |                        | OR   | X88=                | 352-                   |
| M                                    | JLTIPLE DEPEI  | NDENT CLAIM P                             | RESENT                               |                                    |                  |                  |        | +150=              |                        | OR   | +300=               |                        |
| * 11                                 | the difference   | in column 1 is                            | ess than zero, enter "0" in column 2 |                                    |                  | column 2         | ,      | TOTAL              |                        | OR   | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II OTHER TH |  |   |                                      |                                    |                  |                  |        |                    |                        |      | THAN                |                        |
|                                      |  | (Column 1) .                              | (Column 2)                           |                                    |                  | (Column 3)       |        | SMALL              | ENTITY                 | OR   | SMALL               |                        |
| AMENDMENT A                          |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY     | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  | *   | Minus                                | **                                 |                  | =                |        | X\$ 9=             |                        | OR   | X\$18=              |                        |
|                                      | Independent  | *   | Minus                                | ***                                |                  | =                |        | X44=               |                        | OR   | X88=                |                        |
| L                                    | FIRST PRESE  | NTATION OF M                              | JLTIPLE DEF                          | ENDENT                             | ÇLAIM            |                  | '      | +150=              |                        | OR   | +300=               |                        |
|                                      |  |   |                                      |                                    | ,                | •                | L      | TOTAL              |                        | OR   | TOTAL               |                        |
| •                                    | •  |   | •                                    |                                    |                  |                  | . /    | ADDIT. FEE         |                        |      | ADDIT. FEE          |                        |
|                                      |  | (Column 1) .                              | 1                                    | (Colum                             |                  | (Column 3)       |        |                    |                        |      |                     |                        |
| AMENDMENT B                          |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUME<br>PREVIO<br>PAID F           | BER<br>USLY      | PRESENT<br>EXTRA |        | RATE,              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  | *   | Minus                                | **                                 |                  | =                |        | X\$ 9=             | -                      | OR   | X\$18=              |                        |
|                                      | Independent  | *   | Minus                                | ***                                |                  | =                |        | X44=               |                        | OR   | X88=                |                        |
|                                      | PHESE PHESE  | NTATION OF MU                             | LITPLE DEP                           | ENDENT                             | CLAIM            | <u> </u>         |        | +150=              |                        | OR   | +300=               |                        |
|                                      | •  |   |                                      |                                    |                  |                  | L<br>A | TOTAL<br>DDIT. FEE |                        | OR , | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)     |  |   |                                      |                                    |                  |                  |        | •                  |                        |      | •                   | • /                    |
| AMENDMENT C                          |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  | *   | Minus                                | **                                 | × .              | <b>=</b> '.      |        | X\$ 9=             |                        | OR   | X\$18=              | •                      |
|                                      | Independent  | *   | Minus                                | *** 8                              |                  | = .              | ŀ      | X44=               |                        | 1    | X88=                |                        |
|                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                    |                  |                  |        | A44-               |                        | OR   | 700=                |                        |
| +150=                                |  |   |                                      |                                    |                  |                  |        |                    |                        | OR   | +300=               |                        |
| . **  <br>***                        | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "0"  The "Highest Number Previously Paid For" (Total or Independent) is the highest purpler of found in the appreciate box in column 1. |   |                                      |                                    |                  |                  |        |                    |                        |      |                     |                        |